

FILED OCT 9 1943 68

Registration District No. _____

Primary Registration District No. 5906

1. PLACE OF DEATH:

(a) County Pemiscott
(b) City or town Peach Orchard, (Rural)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME Melton Turner

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced —
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb. 16 1927
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
16 6 27 hr. min.

9. Birthplace Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Schoolboy

11. Industry or business _____

12. Name Tom Turner

13. Birthplace Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Hellie Summers

15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Tom Turner

(b) Address Peach Orchard, Mo.

17. (a) Burial (b) Date thereof 9-14-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pine City, Mo.

18. (a) Signature of funeral director Landon Funeral Home

(b) Address Campbell, Mo.

19. (a) 10 2 43 (b) J. J. Creasy
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscott
(c) City or town Peach Orchard, Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 13
year 1943 hour _____ minute 9:30 A.M.

21. I hereby certify that I attended the deceased from Sept. 12/43
_____ 19 _____ 19 _____
that I last saw him alive on Sept. 12 19 _____
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Duration _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 17 17

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. J. Creasy (M. D. or other) _____

Address _____ Date signed Sept. 14

9-43-296

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Christina M. Landesi*

Licensed Embalmer No. *4227*

P. O. Address..... *Campbell, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.